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## ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: [rwjf.org/leadershipforbetterhealth](http://rwjf.org/leadershipforbetterhealth)

# Toolkit for Prevention of Behavioral Health Disparities in an Immigrant Community

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## ABOUT THE TOOLKIT

This toolkit is designed to provide insights to healthcare practitioners and community members who have interest in addressing childhood mental health and suicide prevention in minority groups. For more information, contact: [incredible.filipino.families@gmail.com](mailto:incredible.filipino.families@gmail.com)

# Toolkit for Prevention of Behavioral Health Disparities in an Immigrant Community

One out of five children in the United States has a mental, emotional, or behavioral health diagnosis.<sup>1</sup> Behavioral health issues cost America \$247 billion per year, and those with mental health disorders have poorer health and shorter lives.<sup>2</sup> Evidence-based parenting interventions provided in childhood have proven to be effective in helping parents to prevent disruptive, oppositional, and defiant behaviors; anxiety and depressive symptoms; tobacco, alcohol, and drug abuse; as well as aggression, delinquency, and violence.<sup>3</sup> Yet, few parents participate in such programs, especially hard-to-reach, underserved minority and immigrant populations.<sup>4,5</sup>

The Robert Wood Johnson Foundation (RWJF) has identified a culture of health action framework that mobilizes individuals, communities, and organizations in order to examine ways to improve systems of prevention, to expand the scientific basis for such systems, and to provide evidence-based research to decision makers.

## Filipinos: the invisible minority

Filipinos are a large, yet invisible minority affected by significant youth behavioral health disparities.<sup>8</sup> According to the 2010 US Census, Asians surpassed Hispanics as the largest group of new immigrants to the United States.<sup>9</sup> With a population of over 3.4 million, the Filipino population is the second-largest Asian subgroup in the United States and the largest Asian population in California. Despite their size, Filipinos are among the least studied groups when it comes to health, due to a lack of research that disaggregates Asian ethnic groups.<sup>10</sup>

In contrast to the “model minority myth” ascribed to Asians in general, the few studies on Filipino youth reveal higher rates of behavioral health problems such as depressive symptoms, anxiety and substance use compared to other Asian subgroups and ethnic groups.<sup>8,11</sup> For example, data from the US Youth Risk Behavioral Surveillance System found that Filipino youth have higher rates of adolescent female suicidal ideation (45.6%) compared with non-Hispanic white (26.2%), Hispanic (33.4%), and African-American (25.3%) females.<sup>12</sup> Filipino parents are exposed to multiple adversities, including intimate partner violence, loss of social status, discrimination, and high rates of major and postpartum depression, placing their children at risk for future behavioral health problems.<sup>13-16</sup>

Despite these disparities, Filipino adults and children have low rates of mental health care utilization, including low engagement in parenting interventions, particularly in Los Angeles (LA) County.<sup>15</sup> Due to stigma associated with mental health problems, many Filipinos access mental health services at lower rates and often as a last resort. They are encouraged to keep problems within the family to avoid bringing shame (hiya) to the family.<sup>17</sup> Given these unique aspects of the US Filipino immigrant population, Dr. Joyce Javier used a community-partnered participatory approach over the past 16 years to optimize the well-being of Filipino families.<sup>17-20</sup>

**No health without mental health.**



The overarching goal of this project was to create a culture of mental health among Filipinos, a large, yet understudied immigrant community that is affected by alarming mental health disparities, including high rates of adolescent suicide and suicide attempts.<sup>6-8</sup>

## Preliminary work

A community needs assessment and multiple studies were conducted which:

- Identified the Incredible Years® Parenting Program (IY), a well-established evidence-based parenting program, as a community-defined solution to preventing Filipino adolescent behavioral health problems;<sup>4,6</sup>
- Piloted IY to assess the feasibility and acceptability of the program<sup>9,4</sup>; and
- Developed a theory-based motivational video to increase enrollment rates of Filipino parents in IY.<sup>4</sup>

The success of these studies underscored our ability to build trust with community organizations serving large Filipino populations and to overcome logistical challenges involved in implementing the intervention. Results from the pilot study of IY delivered in churches demonstrated the feasibility and acceptability of parent training with Filipinos: drop-out rate was 7% and parents who participated in all data collection assessments attended at least 75% of the 12 scheduled group sessions.<sup>21</sup> Focus groups were conducted and revealed high satisfaction and identification of barriers and facilitators to enrollment.<sup>5</sup>

### DEVELOPMENT AND EVALUATION OF THEORY-BASED RECRUITMENT VIDEO

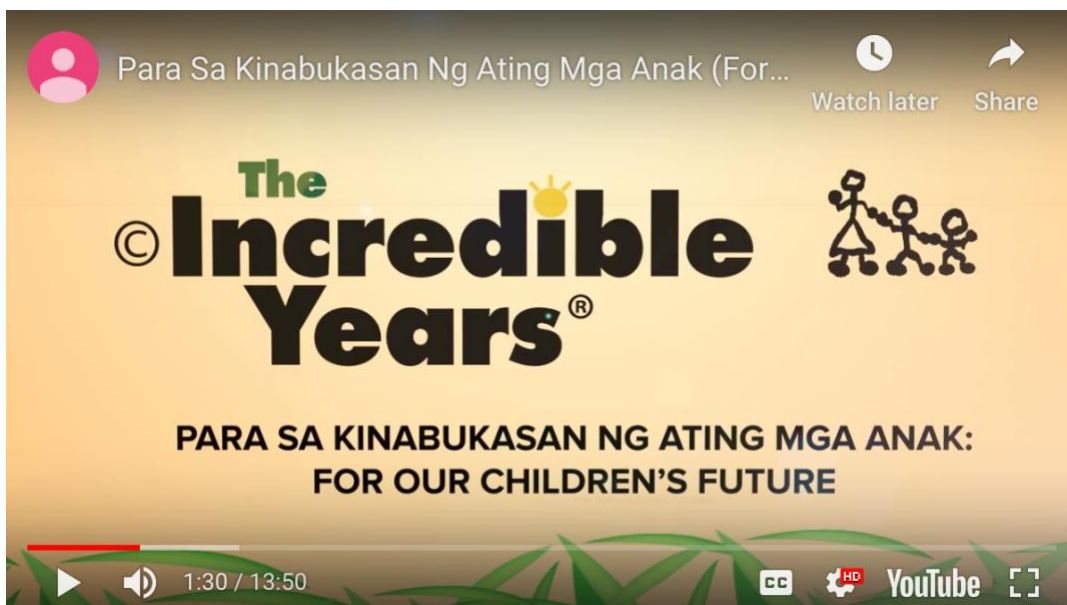
Despite the above promising findings, only 20% of parents we screened were interested in the study. These rates were consistent with other studies of parent participation in preventive parenting programs. To improve Filipino parent engagement, Dr. Javier obtained other grant funding to develop and evaluate a theory-based motivational engagement video. This video below was developed in partnership with a Community Advisory Board (CAB) using constructs from the Health Belief Model<sup>22,23</sup> and Theory of Planned Behavior.<sup>24,25</sup>

*“This program made my family grow closer and more appreciative of each other and more expressive of our love for each other.”*

– IY Participant

*“It teaches us how we can do things better without having to do trial and error. I think this program is a must for all parents.”*

– IY Participant





We evaluated the video in a randomized controlled trial that involved screening nearly 600 Filipinos over a 16-month period in 23 community sites.<sup>131</sup> A total of 215 parents and grandparents enrolled in the study. Compared to a control video, caregivers who watched the theory-based video had significantly greater odds of enrolling in IY (OR= 2.67, 95% CI:1.33-5.35,  $p=.006$ ) when offered in the community (25% in intervention vs 11% in the control group).<sup>132</sup> We also found that the intervention video improved knowledge of mental health disparities in the Filipino community and parents' perceived susceptibility to future adolescent risky behavior.<sup>4</sup>

### CREATING A MULTIDISCIPLINARY TEAM

The team members were recruited by the Principal Investigator based on experience needed for the project and prior experience of working together through projects or CAB involvement.

- Joyce Javier, MD, MPH, MS is a Filipina general academic pediatrician and physician scientist who is the project lead. She has been conducting research promoting the well-being of Filipino American youth for 18 years. She oversaw project activities and evaluation, led the steering committee and community advisory board, identified systemic gaps and developed and implemented recommendations for changes.
- Dean Coffey, PsyD is a clinical psychologist and is the agency mentor for Incredible Years® at Children's Hospital Los Angeles. He provided expertise, training and supervision in the Incredible Years® implementation.
- Jed David, OTR/L, SCFES is an occupational therapist who had been on the Community Advisory Board for prior projects of Dr. Javier. He is a Tagalog and Visayan-speaking Occupational Therapist with public policy background, a Tagalog-speaking Incredible Years® workshop leader, and a Philippine cultural arts liaison who provided input regarding use of the arts to engage Filipinos in mental health services.
- Horacio Lopez, MD is a Tagalog-speaking community pediatrician who serves the Historic Filipinotown population in Los Angeles who worked with Dr. Javier in her past projects. He also served as a liaison to Filipino community physicians and health care organizations.
- Aviril Sepulveda, MS, OTD, OTR/L is a Tagalog-speaking occupational therapist and Incredible Years® workshop leader. She provided expertise in maternal depression and addressing barriers to mental health care.
- Ana Jayme is a Tagalog-speaking associate marriage and family therapist at our partnering agency, Asian Pacific Counseling Treatment Center/Special Services of Groups. She is a Community Advisory Board member and an Incredible Years® Parent Group Leader.
- Shelina Miranda, MSW, MPH is Tagalog-speaking associate clinical social worker and Incredible Years® Parent Group Leader.



### TEAM COMPOSITION

- Jed David\* – Occupational Therapist
  - Horacio Lopez\* – Pediatrician
  - Aviril Sepulveda\* – Occupational Therapist
  - Joyce Javier\* – Pediatrician
  - Dean Coffey\* – Psychologist
  - Ana Jayme – Marriage & Family Therapist
  - Shelina Miranda – Social Worker
- \*Clinical Scholars Fellow*

### PARTNERSHIPS

- Asian Pacific Counseling Treatment Center/Special Service for Groups
- Search for Involvement for Filipino Americans
- Hollywood Presbyterian Medical Center
- Los Angeles Department of Mental Health (LAC DMH)
- Filipino Cultural School
- Incredible Years® Parenting Program (IY)
- Filipino American Service Group, Inc.
- Churches
- Two large Southern California school districts



## Project work

We used two frameworks to implement our approach to addressing teen suicide in the Filipino community: the evidence-based community partnership model proposed by Wells and colleagues<sup>26</sup> and RWJF's Cultural Transformation Model.

### COMMUNITY-BASED PARTICIPATORY RESEARCH

We built on our prior years of work using CBPR to prevent mental health disparities among Filipino youth. This model involved a process of negotiation among stakeholders, practitioners, consumers, and researchers to arrive at a set of shared goals that include linkage with an evidence-based solution as a first step.

Based on the results of a needs assessment in our target community, we offered the IY School Age Parent program,<sup>20</sup> as a way to prevent Filipino adolescent behavioral health disparities. Given that approximately 85% of Filipinos are Catholic, partnering with churches was recommended by the community as a culturally-congruent way to offer family strengthening programs.

We conducted a pilot randomized trial with 22 Filipino parents and found that IY was culturally acceptable and effective in reducing parental stress and child problem behaviors and promoting positive parenting practices.<sup>21</sup> Four focus groups were conducted at the conclusion of the pilot study where the problem of low rates of enrollment of Filipino parents in the parenting intervention was explored.<sup>5</sup> Parents suggested the creation of a video with Filipino parent testimonials about their experience with IY as a community-defined solution to the problem. We subsequently made the motivational video and set up a website to promote participation and test the effectiveness of recruitment using our culturally tailored video.

### CREATING A SHARED DEFINITION OF MENTAL HEALTH

With the goal of creating a shared definition of childhood mental health in the Filipino community, we conducted focus groups in community organizations serving a large number of Filipino Americans. A total of 37 adults participated, many of whom were parents/grandparents, primary care or mental health providers, IY graduates, college students, and community advocates.

We first asked participants to share words, both positive and negative, that came to mind when hearing the words, "Filipino" and "mental health." The results highlighted the prevalence of mental health stigma. Participants commonly used the words judgmental, shame, crazy, and defect, indicating that mental illness continues to be negatively viewed in the community. **(Figure 1 on next page)**

Next, we provided focus group participants with several definitions of mental health. These included definitions by the World Health Organization, Centers for Disease Control and Prevention, and Philippine Mental Health Association. Using the choices that were reviewed and identified by our steering committee, we then asked participants to highlight words and phrases regarding mental health that they felt most resonated with Filipino parents. Word cloud results showed that there was great variability in what the community sees as optimal mental health. For instance, participants chose well-being, peace of mind, productive, sense of identity, contribute to community, coping with normal stressors, and self-worth. These words are interconnected, yet they also describe different ways to achieve mental health and well-being. **(Figure 2 on next page)**

This served as a lesson for our team: when approaching people about our project, we must appeal to the various mental health goals that the community values. We highlighted not just the potential for academic and social skill development, but also lessons on coping skills and dealing with everyday stressors.

Figure 1

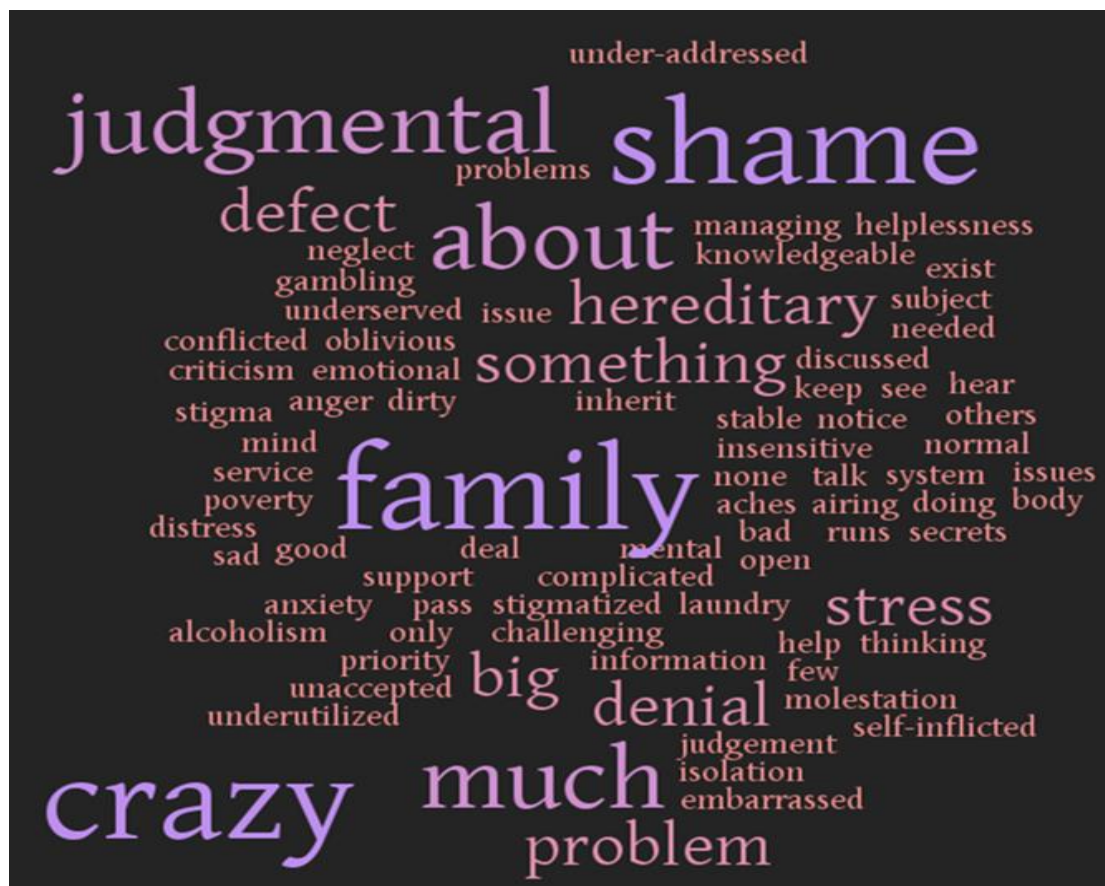


Figure 2



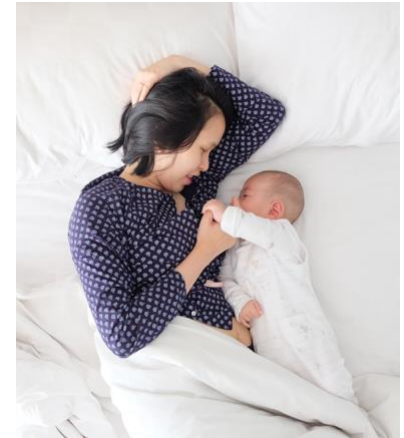
## FILIPINO FAMILY WELLNESS – COMMUNITY CONVERSATIONS

We conducted a community-wide conference that sought to decrease mental health stigma and create a culture of mental health in the Filipino community. Flyers were sent to all previous study participants and disseminated on [our Facebook page](#). Our partners also distributed flyers throughout their organizations.

In total, 130 people attended the event, many of whom were community members, students, parents, and IY graduates. The conference successfully combined science and the arts to engage the community in a dialogue about mental health including:

- Sharing mental health statistics among Filipino youth;
- Screenings of the motivational video and *Silent Sacrifices: Voices of the Filipino American Family* by Judy Patacsil (documentary on issues such as family conflict, generational gap, and depression among Filipino youth);
- Community members sharing their mental health experiences through a segment called “Kwentuhan” (storytelling to highlight the prevalence of mental health and importance of seeking help);
- Programming by Filipino organizations including a folk dance by the *Kayamanan Ng Lahi* group and a play by StanD that addressed the stigma of mental illness among family members; and
- Breakout sessions to introduce participants to mental health resources in the community including One Degree (non-profit for low-income families), LA Department of Mental Health, and an IY presentation about how to have difficult conversations with adolescents.

After the conference, we asked participants to give us feedback on why they attended the event. Their answers highlighted the growing change in attitudes regarding mental health in the Filipino community. We learned that the community is ready to start conversations about mental health. According to one participant, “I think it’s important to create discussion and dialogue as a form of normalizing [mental health] and education.”



*“Despite being a NICU nurse, I couldn’t help my daughter cope with postpartum depression.”*

– IY Participant

*“[I attended] to learn more about mental health and wellness specifically within the Pilipino community.”*

– IY Participant

*“Nothing about  
us without us.”*

*“I find that mental health is important in the Pilipino community and want to know more resources out there.”*

– IY Participant



## PROJECT TIMELINE

### September – December 2016:

- Decided on team name and formulated a vision statement
- Re-convened Community Advisory Board (CAB) members and re-engaged community partners to discuss project goals and partnerships
- Reviewed literature and analyzed evidence and models
- Engaged key stakeholders through meetings
- Completed IRB application for the focus groups

### January – April 2017:

- Conducted focus groups on creating a shared definition of mental health in Filipino families
- Performed literature review regarding community engagement
- Implemented focus groups in partnership with community sites
- Completed Incredible Years Attentive Training for parent group leaders and volunteers
- Initiated the planning of the conference: Filipino Family Wellness - Community Conversations
- Started planning for IY Attentive Groups that will be taking place in the summer of 2017
- Submitted abstract to Asian American Psychological Association (Las Vegas)
- Received a grant to run the Incredible Years Parents and Babies Program

### May – August 2017:

- Initiated data analysis of focus groups
- Facilitated pilot groups using IY Attentive Program and IY School Age Program at Filipino Cultural School and in a community pediatric office
- Recruited parents to attend pilot groups
- Trained community leaders, therapists, and health providers in IY (additional dates not listed include July 2017, Sept. 2017, July 2018, Sept. 2018, and July 2019)
- July 22: Filipino Family Wellness: Community Conversations at Children's Hospital Los Angeles
- Initiated new partnership with LAC-DMH
- Advocated for IY Attentive Parent Program to be added as billable program under LAC DMH

### September – December 2017:

- Invited to present at OpenMIC community event about mental health and Filipino families
- Three team members attended the Academy Health Policy & Communication Training
- Dr. Joyce Javier was invited to speak at National Academy of Science, Engineering, and Medicine
- Presented at the Phillipine Heritage Night at a local church

### January 2018 – April 2018:

- The team, community partners and volunteers completed IY Advanced Parent Training
- Consulted with La Piana Consulting to discuss options for sustainability
- Submitted Institutional Review Board (IRB) to local school district and Clinicaltrials.gov registration

- Participated in the LAC DMH: Filipino Wellness Summit at Cathedral of Our Lady of the Angels Cathedral in LA
- Planned for social media outreach
- Hired per-diem Tagalog-speaking therapist to run IY groups

#### **May – August 2018:**

- Launched Facebook page
- Initiated IY Parents and Babies program in the Primary care setting and CHLA
- Met with Hollywood Presbyterian CEO to discuss collaboration on increasing awareness of mental health in the Filipino community
- Piloted surveys for randomized controlled trial
- reunion to celebrate the participants of IY Parenting Program and the Community Advisory Board
- Commenced the recruitment of the randomized controlled trial study

#### **September – December 2018:**

- Met with Superintendent in large Southern Californian school district
- Continued recruitment at churches and community outreach
- Received digital storytelling grant from Well-being and Equity Bridging Network
- Holiday lunch with team and volunteer interns to celebrate and acknowledge our hard work

#### **January – April 2019:**

- Began IY parenting program at local churches
- Piloted social media ads with assistance from the Southern California Clinical and Translational Science Institute
- Team members, interns, and parents participated in the a digital storytelling workshop
- Presentation to USC/CHLA about CBPR and Diversity and Data Workshop
- Continued outreach with the community, local schools and churches.
- Met with Filipino-American mayor of a local city with a large Filipino population to discuss our initiative

#### **May – September 2019:**

- Presented at the local school district to more than 75 psychiatric social workers to outreach to more Filipino families
- Invited to speak at Northern California School District about the Filipino Family Health Initiative given high rates of suicidal ideation they have been seeing over the last 5 years among Filipino middle schoolers.
- Team Kapwa and community partner were invited to speak to over 20 Filipino church leaders in an event organized by local API community mental health agency.
- Started the Incredible Years Group 2 and Incredible Years Group 3
- Obtained approval to host training in IY School Age Advanced Program with Dr. Carolyn Webster-Stratton, the developer of IY in Sept 2019
- Started monthly newsletter for community and families enrolled in our study
- Facebook page reached over 300 LIKES and Followers
- Presentation to National Alliance for Filipino Concerns (NAFCON) and National Federation of Filipino American Associations (NAFAA) about Filipino Family Health Initiative

## Evaluation and dissemination

We evaluated the overall success of our project and approaches by analyzing data collected from our conference, focus groups, steering committee meetings, and pilot implementation of IY parent training groups. We collected pre- and post-conference survey data that included quantitative and open-ended questions. In addition, we used qualitative data analysis techniques (i.e. grounded theory) to analyze data collected from our focus groups aimed at creating a shared definition of mental health. Finally, we used process evaluation to measure level of mental health stigma, knowledge about mental health disparities among Filipino youth, mental health service systems in the community, and their feelings around their level of engagement within our steering committee. The following process outcomes were captured:

- Number of committee meetings held/attendance at committee meetings
- Number of coalition meetings held/attendance at coalition meetings
- Number of issues identified/number of recommended changes
- Number of actions taken by committee/coalition, including media appearances
- Number of new partnerships made
- Number of community presentations made and attendees

Finally, we collected survey data from parents, youth, and teachers as part of a pilot randomized controlled trial of the IY School Age program. These included parenting practices, parenting stress, child behavior, enculturation, demographics, child depressive and anxiety symptoms, and parent satisfaction. We obtained IRB approval for all evaluation activities.

The dissemination of our project was focused on increasing awareness regarding mental health disparities among Filipino youth and the availability of evidence-based parenting interventions in the Filipino community to prevent these disparities. We have disseminated our work through presentations, digital stories, videos, and workshops with various audiences.

- Conferences: National Academies of Science, Engineering, and Medicine; Asian American Psychological Association's Division on Filipino Americans; Filipino American Educators Association; American Academy of Pediatrics; Filipina Women's Network; American Public Health Association; American Occupational Therapy Association; LA County Department of Mental Health; World Federation of Occupational Therapy; National Association of Filipino American Associations; National Alliance for Filipino Americans; Zero to Three; Hollywood Presbyterian Medical Center; University of Southern California LA County; University of North Carolina School of Medicine Center for Health Equity Research; Pediatric Academic Society; Society for Prevention Research; RWJF Annual Leadership Institute
- Outreach Events: Churches, private schools, public schools, Filipino Cultural School, Kayamanan ng Lahi, Inland Empire Health Plan, Michigan Public Health Training Center, and three large Southern California school districts.
- Editorials/Press: **Why Medicaid Must Be Saved.** Javier JR, Shah S, Brumberg H. Letter to Editor in Crescenta Valley Weekly; Sepulveda A. **If pediatricians screen moms for depression, why not occupational therapists?**; Javier JR, Brumberg HL, Sanders L, Hannon TS, Shah S, Society for Pediatric Research Advocacy Committee. How gaps in policy implementation cause public health malpractice. *Lancet*. 16;391(10138):2414. doi: 10.1016/S0140-6736(18)31038-9, 2018. PMID: 29916382; **SC CTSI alum Joyce Javier, MD, MPH, MS, is honored as one of World's Most Influential Filipinas by Global Advocacy Organization; Local Pediatrician Honored as a Hero.** Crescenta Valley Weekly; **What is a "culturally tailored" parent engagement video?** AAP News & Journal Gateway, Journals Blog written by Lewis First, MD, MS, Editor in Chief, Pediatrics; Children's Hospital Los Angeles. **"Giving children the skills they need to tackle life's toughest challenges."** ScienceDaily; Sepulveda A. **Why it makes more sense to care for kids and parents at the same time.; Boosting Minority Participation in Health Research by Listening to the Community.; Make the case for ACEs: adverse childhood experiences, obesity and long-term health.** Javier JR, Hoffman LR, Shah SI, on behalf of Pediatric Policy Council. *Pediatric Research*. Javier JR. **"Harnessing the Strengths of Immigrant Communities to Prevent Suicide."**, American Academy of Pediatrics VOICES Blog.



## Challenges, successes, and lessons learned

The team was challenged by conflicting demands of clinical work, research, life events, and community outreach. We tackled these challenges by:

- Keeping the lines of communication open;
- Being flexible;
- Staying resilient;
- Leveraging the team's strengths; and
- Prioritizing projects and opportunities.

Community engagement takes time, effort, and some degree of patience. We have developed the tenacity to continue to build new relationships and nurture existing ones. We also developed social networks to share our stories.

### SHIFTS IN THINKING

We developed new mindsets towards the value of authenticity, shared experiences, and interconnectedness of the people experiencing a wicked problem including our own team. As we made this shift, we noted an increase in recruitment of Filipino parents seeking to participate as a way to obtain help for current mental health problems of their children. In this way, our research screening and presentations contributed to the identification of families in need and the ability to link these families to mental health services.

### SUCCESSES

Through community presentations, we have increased the awareness about Filipino mental health and suicide. The Community Wellness Conference raised the visibility of the problem of suicide among adolescents and has ignited the interest of the LA County Department of Mental Health to continue the work. Through parenting workshops, we contributed to strengthening parent-child relationships. Parents were also able to build a community and shared experiences with other parents.

It is critical to use **community-based participatory research methods to address a wicked problem** such as suicide prevention and mental health promotion among traditionally underserved minority populations.

This ensures that we take a **strengths-based approach to developing culturally-relevant, culturally-accepted, and culturally-defined solutions.**



## Recommendations

Bringing about change in a community must begin with the community itself. There is strength in numbers; the power of our team (Team Kapwa), partners, parents, and grandparents was more impactful than the power of just one of us. Sectors, disciplines, institutions, academia, school districts, governmental agencies, hospitals, schools, and community-based organizations have their own culture and ways of getting things done. Flexibility and adaptability is needed to navigate these systems and to work with a broad diversity of people and organizations.

## GETTING STARTED

As a team, we learned that working with the community on wicked problems such as the high rates of suicide and suicide attempts among adolescents in the Filipino community is a marathon, not a sprint. Community partnership takes time. *Kapwa*, the spirit of interconnectedness, is critical to this work. We are all connected, what happens to me, happens to you, what happens to him or her, happens to us. It takes some vulnerability to share our stories and transformation come with being able to share our personal stories with others, and theirs with us.

If you are going to tackle this issue in your community, the first thing you should do is involve the community. Ask the community about their needs, their strengths, and their proposed solutions. Listen to them and include them in all aspects of the project. We would not recommend developing your own plan or recommendations without it.

## BEST PRACTICES

- Dr. Joyce Javier wished she knew how important it was to share her own story when promoting increased awareness regarding suicide prevention. Once her team members shared how mental health had impacted each of them on a personal level, it normalized our shared experiences. This caused a ripple effect in the community and our parenting groups; many parents in the groups were trying to heal their own childhood experiences in order to be present as parents for their own children.
- Dr. Dean Coffey wished he knew how powerful the cultural concept of *Kapwa* (shared identity) is in working together as a team on a shared objective. His one piece of advice for doing projects like this is work for a cause you believe in, and the rest will fall in place.
- Dr. Aviril Sepulveda reflected on the experience and realized if she knew the power of vulnerability and sharing stories earlier, she would have been more effective in getting messages across. She believes in tapping into one's strengths and empowering volunteers and community members to achieve success.
- Jed David wished he knew the importance of self-care for the team. As he reflected on his journey, he shares that leading with *Kapwa* (shared identity) also means leading with empathy.
- Dr. Horacio Lopez wishes that he knew about IY beforehand. Also, he wants parents not to overestimate their parenting skills, there is always more to learn.

## PARENT TESTIMONIAL



## DIGITAL STORYTELLING EXAMPLE



## Appendix

### APPENDIX A: REFERENCES LIST AND LITERATURE REVIEW

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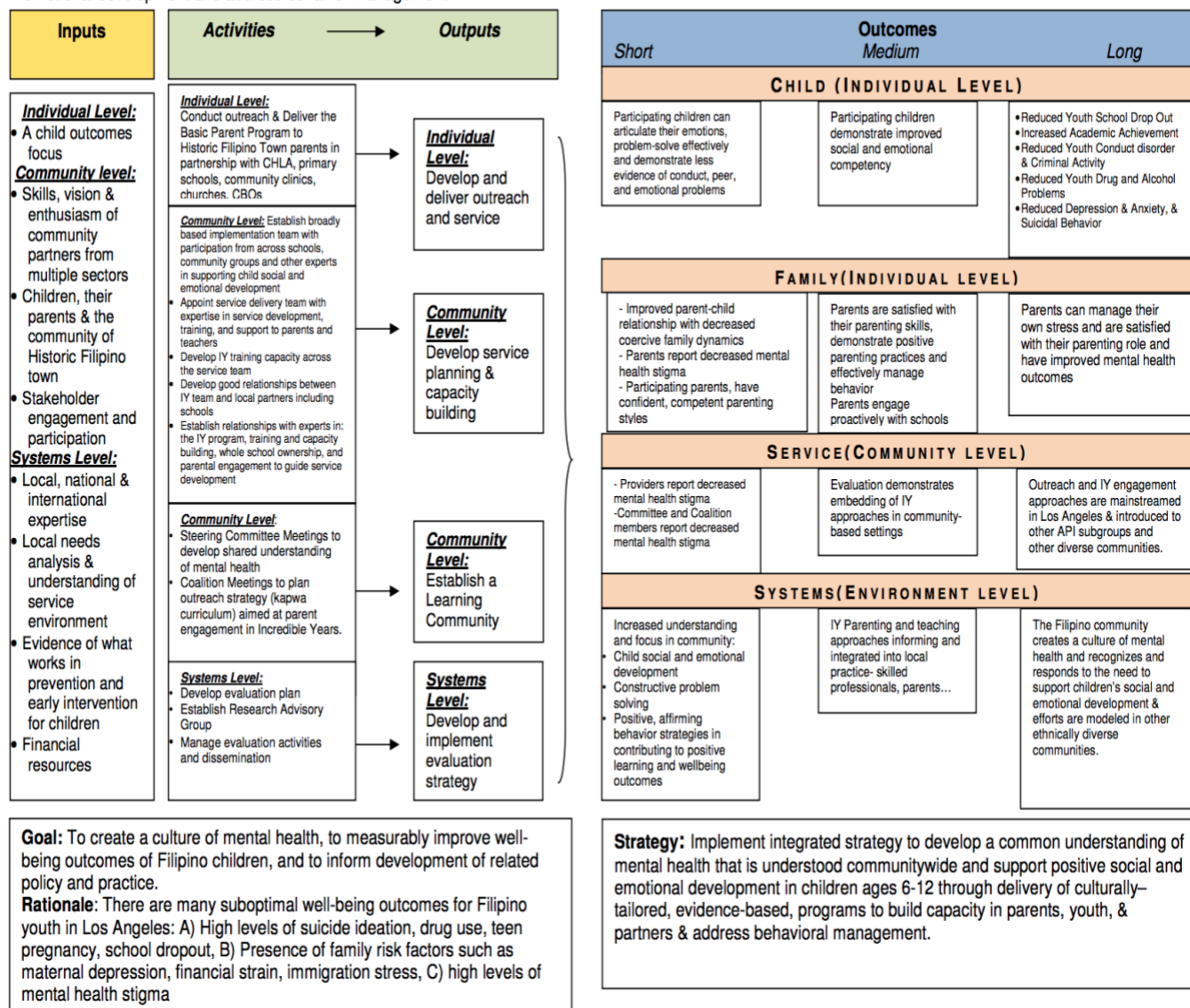
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## APPENDIX C: ACTION PLANNING DOCUMENTS

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## APPENDIX D: LOGIC MODEL

**Project:** Prevention of Behavioral Health Disparities in an Immigrant Community Through Community Partnerships: Creating a Culture of Mental Health  
**Situation:** Sub-optimal learning and well-being outcomes for children in Historic Filipinotown exist and an integrated strategy to decrease mental health stigma and implement evidence-based programs is needed to build capacity in parents, teachers, and children which will support positive social and emotional development and address behavior management.





## APPENDIX E: FOCUS GROUP FLYER



JULY 22, 2017  
SATURDAY | 10AM - 3PM

Children's Hospital Los Angeles  
4650 Sunset Blvd  
Los Angeles, CA 90027

### OUR HOPE

This gathering will promote conversations on  
**FAMILY HEALTH -- & -- MENTAL HEALTH**  
from various sectors of the Filipino community  
in the greater Los Angeles area.

GUEST  
SPEAKERS  
+  
MUSIC & DANCE  
+  
MINI  
WORKSHOPS

**FREE**  
TICKET  
PARKING  
FOOD



REGISTER BY JULY 8



Filipino Family Wellness  
REGISTRATION FORM ON EVENT PAGE

## APPENDIX F: STUDY FLYER

USC University of  
Southern California

# INTERESTED IN GIVING YOUR KIDS THE SKILLS THEY'LL NEED TO TACKLE LIFE'S TOUGHEST CHALLENGES?

We are looking to speak with parents of Filipino children ages 8-12 years old. Find out if you are eligible to participate in a 6-month research study whose goal is to promote positive discipline and the social and academic success of your child.

You will receive monetary incentives for your participation (up to \$90).

## IF YOU ARE INTERESTED, CONTACT:

Dr. Joyce Javier at (323) 691-0529 or

Email at [incredible.filipino.families@gmail.com](mailto:incredible.filipino.families@gmail.com)

You may leave a message and a researcher will return your call.

*Maraming salamat po!*



This study is led by Team Kapwa of Children's Hospital Los Angeles. Team Kapwa is a multidisciplinary health professional team whose mission is to PREVENT and DECREASE teen depression and suicide.

**Interested in learning more?** Watch a video of parent testimonials at [www.filipinofamilyhealth.com](http://www.filipinofamilyhealth.com) or Find us on Facebook @FilipinoFamilyhealthLA

# **Cohort 2016 – 2019 Wicked Problem Impact Project Showcase**

## **Team Kapwa**

Joyce R. Javier, MD, MPH, MS, FAAP

Dean Coffey, PsyD

Jed David, MS, OTR/L, SCFES, SWC

Horacio Lopez, MD


Aviril “Apple” Sepulveda, OTD, MS,OTR/L, BCP, SCFES, SWC, CLE

# Prevention of Behavioral Health Disparities in an Immigrant Community Through Community Partnerships: *Creating a Culture of Mental Health*



# Overview

- Wicked Problem
- Project Planning
- Project Design
- The WORK
- Project Evaluation
- Next Steps

A close-up photograph of a young child, likely of Asian descent, with dark hair and white traditional face paint (mua) applied to their cheeks and forehead. The child is resting their chin on their crossed arms, looking directly at the camera with a serious expression. The background is dark and out of focus, showing hints of a blue garment and a watch.

**“AAPI youth, ages 12-19 years are the only racial/ethnic  
group for whom  
SUICIDE is the leading cause of death,  
yet this is rarely discussed.”**

Heron M. Deaths: Leading Causes for 2016, US Department of  
Health & Human Services, Centers for Disease Control and  
Prevention, National Vital Statistics Reports, July 26, 2018

**“Suicide may be less linked to mental illness among Asian Americans than the general population and may be precipitated by academic/financial problems, racism, interpersonal shame, difficulties meeting personal and family expectations, and conflict within the family.”**

**Leong F, Joshi S, Chu J. “Guest Editors Introduction to Special Issues on Advancing Our Understanding of Suicide Among Asian Americans”, Asian American Journal of Psychology. 2018 Vol 9. No. 4, 247-251**

# Project planning

Project planning





**“He who does not know  
how to look back at  
where he came from will  
never get to his  
destination.”**

**Jose Rizal**

# Understanding Our History



**Colonialism**

# Understanding Our Community

	Filipino Culture	Mainstream U.S. Culture
Family Structure	Parental Authority Extended family	Equality b/t parent/child Nuclear Family
Cultural Values	Interdependency Family Closeness/Harmony Use of extended family	Independence Individualism/Self Assertion
Communication Style	Indirect, non-verbal	Direct, verbal
Demonstration of affection	Loving by doing	Verbal, direct expression

Heras P. Companion Guide. **Silent Sacrifices: Voices of the Filipino-American Family Documentary (2001)**



NIH Public Access

Author Manuscript

*Asian Am J Psychol.* Author manuscript.

## Preventing Filipino Mental Health Disparities: Perspectives from Adolescents, Caregivers, Providers, and Advocates

Joyce R. Javier, MD, MPH<sup>1</sup>, Jocelyn Supan, MPH<sup>1</sup>, Anjelica Lansang, BS<sup>1</sup>, William Beyer, MPH, MSW<sup>2</sup>, Katrina Kubicek, MA<sup>2</sup>, and Lawrence A. Palinkas, Ph.D<sup>3</sup>

<sup>1</sup>Children's Hospital Los Angeles, Department of Pediatrics, Division of General Pediatrics, University of Southern California, Keck School of Medicine

<sup>2</sup>Community, Health Outcomes, and Intervention Research Program, The Saban Research Institute, Children's Hospital Los Angeles

<sup>3</sup>University of Southern California, School of Social Work



**Community's Answer:**  
**Offer Parent Support during the  
school-age years**



# Program Overview



- Two group co-leaders
- 12-15 parent participants
- Over 250 video vignettes
  1. Effective & less effective parenting
  2. Parents treated as the experts
  3. Parents incorporate cultural values

# **What IY does to Prevent Teen Suicide**

- **IY School Age Program for 8 to 12-year-olds**
- **Enhancement of suicide protective factors**
  - 1. Promote family connectedness**
  - 2. Increase other adult caring**
- **Promotion of positive Filipino cultural values**
  - 1. Kapwa among the parents  
in the group**



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About author manuscripts

Submit a manuscript

[J Dev Behav Pediatr](#). Author manuscript; available in PMC 2018 Aug 15.

PMCID: PMC6092564

Published in final edited form as:

NIHMSID: NIHMS908038

[J Dev Behav Pediatr](#). 2016 Nov-Dec; 37(9): 737–745.

PMID: [27626390](#)

doi: [10.1097/DBP.0000000000000342](#)

## Parenting Intervention for Prevention of Behavioral Problems in Elementary School-Age Filipino-American Children: A Pilot Study in Churches

[Joyce R. Javier](#), MD, MPH, MS,\* [Dean M. Coffey](#), PsyD,\* [Sheree M. Schrager](#), PhD, MS,<sup>†</sup> [Lawrence A. Palinkas](#), PhD,<sup>‡</sup> and [Jeanne Miranda](#), PhD<sup>§</sup>



# “There is no health without mental health”



# Our Unique Approach

- ***Kapwa* - shared identity**
- **Understudied, underserved, & growing population**
- **Multi-generational team & approach**
- **Community-defined & Evidence-Based solutions**
- **Engaging arts, faith, businesses, and media**





**“If you want to go fast, go alone,  
if you want to go far, go **together**”**



Kayamanan Ng Lahi Philippine Folk Arts ( Photographer: Robert “oldhcdude” Cortez)

# Community-Based Participatory Research (CBPR)

***“...begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”***

- WK Kellogg Foundation  
Community Health Scholars Program

**“Nothing About Us, Without Us”**

-Michael Masutha, Wilkiam Rowland



# The Incredible Years®

## CREATING A CULTURE OF MENTAL HEALTH

We are preventing behavioral health disparities in an immigrant community through community partnerships.

### PROJECT FOCUS:

- Behavioral Health
- Child Health
- Immigrant Health
- Mental Health

Los Angeles



[From Left to Right]  
JED DAVID, MS, OT  
HORACIO LOPEZ, MD  
AVIRIL SEPULVEDA, MS, OT  
JOYCE JAVIER, MD, MPH, MS  
DEAN COFFEY, PsyD

LEARN MORE



FILIPINO AMERICAN SERVICE GROUP, INC.



Kayamanan Ng Lahi  
Community Organization



# The project's design

The project's design

**PHASE 1: DEVELOP SHARED  
UNDERSTANDING OF MENTAL  
HEALTH**

- Focus Groups
- Wellness Conference

**PHASE 2: IMPLEMENT INCREDIBLE  
YEARS**

- Train Providers
- Conduct Randomized Trial

**OUTCOMES**

**PHASE 1**

**Mental Health  
Stigma**

- # of New  
Partnerships

**PHASE 2**

- Participation
- Parenting Stress
- Parenting  
Practices
- Child Behavior

# Project Timeline

## Phase 1

**Making Mental Health a shared value**

**Engage Community in dialogue about mental health**

- Focus Groups to create shared definition of mental health
- Conference combining science, art, and faith to address mental health stigma

## Phase 2

**Transforming health and health care systems**

**Implement the Incredible Years®, an evidence-based parenting intervention**

- Train providers/community members in IY
- Conduct randomized control trial evaluating IY

**2016**

**2017**

**2018**

**2019**

# The Work of the Project/ Project Evaluation

# Phase 1

## **A Silent Minority Speaks:**

- 1) Creating a Shared Definition of Mental Health  
(4 Focus Groups)
- 2) A conference to address stigma and increase awareness of Filipino mental health disparities  
(Survey)



under-addressed  
judgmental shame  
problems  
defect about managing helplessness  
neglect knowledgeable exist  
gambling underserved issue hereditary subject  
conflicted oblivious something discussed needed  
criticism emotional inherit keep see hear  
stigma anger dirty stable notice others  
mind insensitive normal  
service none talk system issues  
poverty aches airing doing body  
distress bad runs secrets  
sad good deal mental open  
support complicated  
anxiety pass stigmatized laundry stress  
alcoholism only challenging help thinking  
priority information few  
unaccepted big denial molestation  
underutilized judgement self-inflicted  
isolation  
embarrassed  
crazy much problem



emotional milestones  
sense of identity  
cope with normal stresses social participation  
realize potential fruitful  
developmental milestones  
maximize growth cultural norms developmental competence  
development competence cope with the normal stresses  
peace of mind  
sound family identity  
learn social norms self-worth efficacy  
function well cope optimal  
quality of life positive  
healthy social development psychological functioning  
economic participation peer relationships  
effective coping skills  
contribute to community





# FILIPINO FAMILY WELLNESS

COMMUNITY  
CONVERSATIONS

---

**JULY 22, 2017**

**SATURDAY | 10AM - 3PM**

**Children's Hospital Los Angeles**

4650 Sunset Blvd

Los Angeles, CA 90027

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## OUR PURPOSE

To **GATHER** and **ENGAGE** our community in rich dialogue to  
**increase mental health awareness + to promote healthy relationships**  
with every member of the family.

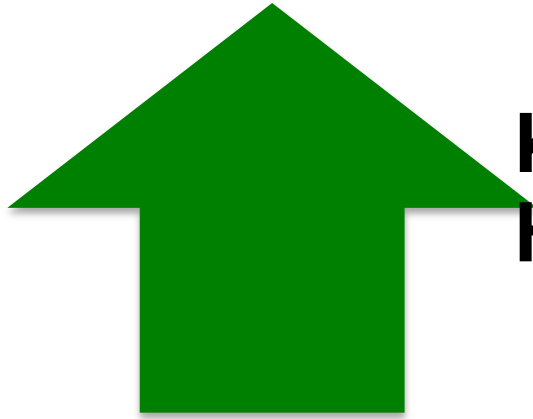
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We will do this through  
**interactive participatory discussions + workshops**  
from various sectors of the Filipino community in the greater  
Los Angeles area.

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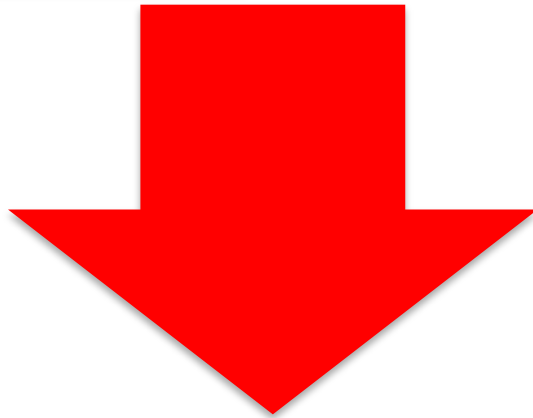
DYNAMIC  
COMMUNITY SPEAKERS  
+  
CULTURAL ARTS  
+  
FAMILY-ORIENTED  
WORKSHOPS

**FREE**  
ADMISSION  
PARKING  
LUNCH

PLEASE RSVP BY JULY 8 -- SPACE IS LIMITED  
**FILIPINOFAMILYHEALTH.COM**



**Knowledge of Mental  
Health Disparities**



**Stigma by changing  
attitudes about  
accessing  
psychological  
services**



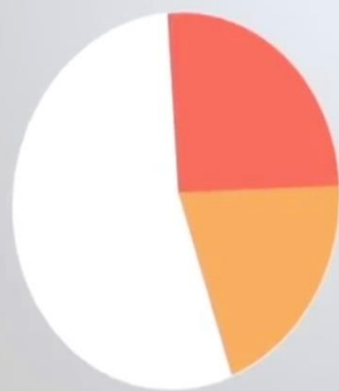
### Filipino Family Health Initiative

Posted by Tommy Trogan

April 1 at 11:49 AM · 🌐



Suicide is the leading cause of death among Asian and Pacific Islander teens in the U.S.? Come join a community study led by Dr. Joyce Javier to learn how to raise mentally strong kids.



FILIPINA TEENAGERS  
GRADES 9-12

45.6% CONSIDERED  
SUICIDE

23.3% ATTEMPTED  
SUICIDE

SUICIDE RATES  
CENTER FOR DISEASE CONTROL AND PREVENTION

FILIPINOFAMILYHEALTH.COM

**Sign up today! It's free.**

Monetary incentives available

Contact Us



USC University of  
Southern California



## INTERESTED IN GIVING YOUR KIDS THE SKILLS THEY'LL NEED TO TACKLE LIFE'S TOUGHEST CHALLENGES?

We are looking to speak with Filipino parents of children ages 8-12 years old. Find out if you are eligible to participate in a 6-month research study whose goal is to promote positive discipline and the social and academic success of your child.

You will receive monetary incentives for your participation (up to \$90).

### IF YOU ARE INTERESTED, CONTACT:

Dr. Joyce Javier at (323) 691-0529 or

Email at [incredible.filipino.families@gmail.com](mailto:incredible.filipino.families@gmail.com)

You may leave a message and a researcher will return your call.

*Maraming salamat po!*



This study is led by **Team Kapwa** of Children's Hospital Los Angeles. **Team Kapwa** is a multidisciplinary health professional team whose mission is to PREVENT and DECREASE teen depression and suicide.

**Interested in learning more?** Watch a video of parent testimonials at [www.filipinofamilyhealth.com](http://www.filipinofamilyhealth.com) or Find us on Facebook @FilipinoFamilyhealthLA



# The Project's Next Steps

1. Review the project's progress and identify any issues or risks.

2. Develop a detailed project plan for the next phase, including timelines and resource allocation.

3. Communicate the project plan to all stakeholders and ensure everyone is aligned on the next steps.

4. Monitor the project's progress closely and adjust the plan as needed to ensure successful completion.

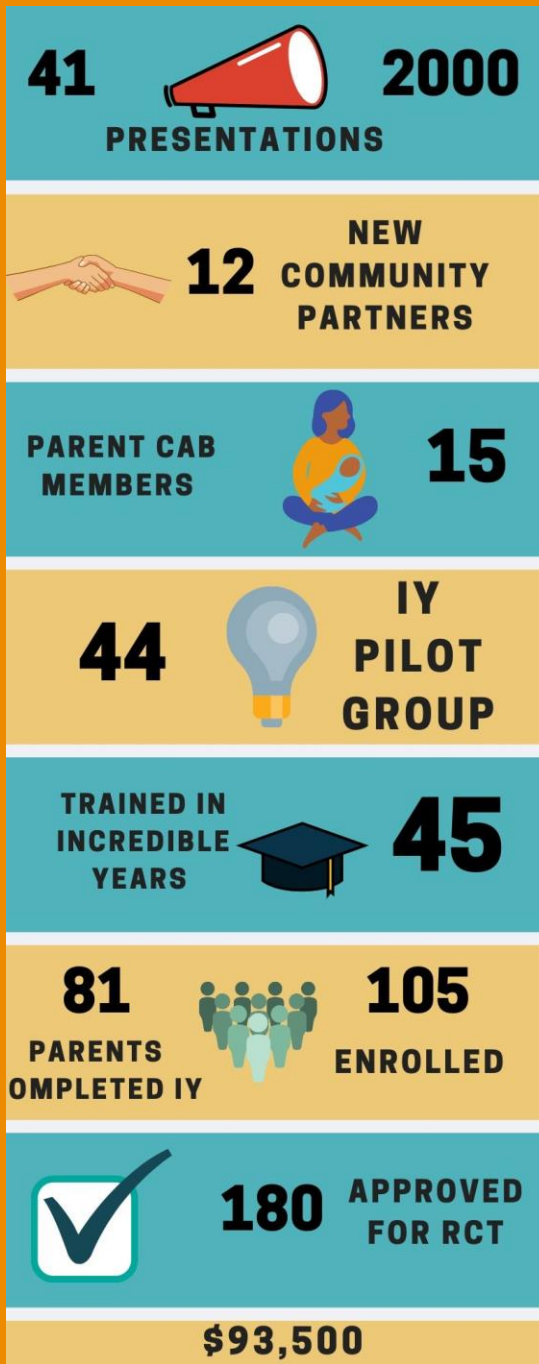
5. Conduct a final review of the project and document the lessons learned for future reference.

6. Celebrate the project's success and acknowledge the contributions of all team members.

7. Prepare a final report and presentation for the project, highlighting the key achievements and outcomes.

# Dissemination & Sustainability plan

Funding Obtained	Funding Proposals Pending
\$93,500	\$2.4 million
Approval by LAC DMH for therapists to bill on Medi-caid contracts to do IY groups in the Filipino community	







**CLINICAL SCHOLARS**







# KAPWA

**What happens to you  
happens to me, what  
happens to me happens  
to us. We are all  
connected!**

*Thank you!*

*Maraming Salamat*

*Facebook*

*@filipinofamilyhealthLA*

*[www.filipinofamilyhealth.com](http://www.filipinofamilyhealth.com)*

# Mabuhay!



FILIPINO FAMILY  
HEALTH INITIATIVE  
LED BY TEAM KAPWA

# Acknowledgements



## Filipino Family Health Initiative

- Community Advisory Board
- Interns
- Community Partners

## Funders

**Robert Wood Johnson Foundation (RWJF)**

**Clinical Scholars**

**AAP Community Access to Child Health (CATCH) Award**

**The Saban Research Institute & CRACDA Award**

**Southern California Clinical and Translational Science Institute  
(NIH/NCRR/NCATS) KL2TR000131**

**NIH/NICHD K23HD071942**

**RWJF Web Activation Fund**

**SC CTSI Pilot Funding, Voucher Awards**

**Tikun Olam Foundation**

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